

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 10/30/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Compositions and Methods for Detecting and  
Treating Diseases and Conditions Related to  
Chemokine Receptors  
Attorney Docket Number:: 019934-003360US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 8  
Total Drawing Sheets:: 16  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Jennifer  
Middle Name:: M.  
Family Name:: Burns  
Name Suffix::  
City of Residence:: San Mateo  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3605 Casanova Drive  
City of Mailing Address:: San Mateo  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94403

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bretton  
Middle Name::  
Family Name:: Summers  
Name Suffix::  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 964 Adams St.  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity

Given Name:: Maureen  
Middle Name:: C.  
Family Name:: Howard  
Name Suffix::  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 12700 Viscaino Rd.  
City of Mailing Address:: Los Altos  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: J.  
Family Name:: Schall  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 563 Homer Ave.  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94301

### **Correspondence Information**

Correspondence Customer Number:: 20350

## Representative Information

Representative Customer Number:: 20350

## Domestic Priority Information

| Application::         | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-----------------------|-------------------|----------------------|----------------------|
| This application is a | Non-provisional   | 60/434,912           | 12/20/02             |
| and is also a         | CIP               | 10/452,015           | 05/30/03             |
| which is a            | CIP               | 10/245,850           | 09/16/02             |
| which is a            | Non-provisional   | 60/338,100           | 11/30/01             |
| and is a              | Non-provisional   | 60/337,961           | 11/30/01             |

## Foreign Priority Information

| Country:: | Application number:: | Filing Date:: |
|-----------|----------------------|---------------|
|-----------|----------------------|---------------|

## Assignee Information

|   |                      |
|---|----------------------|
| Assignee Name::                         | ChemoCentryx, Inc.   |
| Street of mailing address::             | 1539 Industrial Road |
| City of mailing address::               | San Carlos           |
| State or Province of mailing address::  | CA                   |
| Country of mailing address::            | US                   |
| Postal or Zip Code of mailing address:: | 94070                |